



EMERGENCY PREPAREDNESS PLANNING FORM

EMERGENCY PLAN FOR: _____

FIRST NAME

LAST NAME

Street

City

State

Zip

Telephone

Date of Birth

Religion

IDENTIFYING MARKS: _____

SPECIAL ASSISTANCE NEEDS:

☐ Unable to hear / difficulty hearing

☐ Hearing Aid

☐ Pacemaker

☐ Unable to see / difficulty seeing

☐ Eyeglasses

☐ Prosthetics

☐ Unable to walk / difficulty walking

☐ Power wheelchair

☐ Dentures

☐ Unable to speak / difficulty speaking

☐ Other: _____

☐ Other: _____

CURRENT MEDICAL CONDITIONS: _____

CURRENT MEDICINES/DOSAGES:

LOCATION OF MEDICINES:

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| LIST ALL HEALTH INSURANCE PROVIDER(S) | POLICY NUMBER |
|---------------------------------------|---------------|
| Primary: | |
| Secondary: | |
| Prescription: | |
| Other Health Insurance: | |

ALLERGIES TO MEDICINES: _____

DOCTOR'S NAME AND TELEPHONE NUMBER: _____

PHARMACY NAME AND TELEPHONE NUMBER: _____

LAST HOSPITALIZATION: _____

Date

Hospital Name

Hospital Location

Form Completed By: _____ Date: _____

Agency: _____

Service Agencies to have this information (with permission): _____

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MEDICAL EQUIPMENT & SUPPLIES

MEDICAL EQUIPMENT REQUIRING ELECTRICITY (*such as oxygen concentrator, wheelchair charger, etc...*)

| |
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| MEDICAL SUPPLY COMPANIES | Name | Telephone | Supply Provided |
|--------------------------|------|-----------|-----------------|
| Company 1: | | | |
| Company 2: | | | |
| Company 3: | | | |
| Company 4: | | | |

| PETS/SERVICE ANIMALS: Type of animal (<i>cat, dog, snake, etc...</i>) | Pet's Name | Location of Needed Supplies |
|-------------------------------------------------------------------------|------------|-----------------------------|
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EMERGENCY PET/SERVICE ANIMAL CARETAKER

| | |
|---------------|--|
| Name: | |
| Relationship: | |
| Address: | |
| Telephone: | |
| Cell phone: | |

NEAREST RELATIVE

| | |
|---------------|--|
| Name: | |
| Relationship: | |
| Address: | |
| Telephone: | |
| Cell phone: | |

EMERGENCY PREPAREDNESS PLANNING FORM

LOCAL BACK-UP CAREGIVER

| | |
|---------------|--|
| Name: | |
| Relationship: | |
| Address: | |
| Telephone: | |
| Cell phone: | |

RELIABLE NEIGHBOR

| | |
|-------------|--|
| Name: | |
| Address: | |
| Telephone: | |
| Cell phone: | |

OUT-OF-STATE CONTACT FOR EMERGENCY CHECK-IN

| | |
|---------------|--|
| Name: | |
| Relationship: | |
| Address: | |
| Telephone: | |
| Cell phone: | |

| EMERGENCY ASSESSMENT | YES | TO DO | N/A |
|--------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Emergency Response System/Lifeline in use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, when is it worn?</i> | | | |
| Fire Dept alerted to oxygen use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility phone and electricity priority need notification submitted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental Automatic Location Information submitted (S-ALI for NH 911) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seabrook/Vermont Yankee Power Plant Evacuation form submitted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extra key hidden for emergencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, location:</i> | | | |
| Advance Care Directives completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, location:</i> | | | |

EMERGENCY PREPAREDNESS PLANNING FORM

| STAY | YES | TO DO | N/A |
|--------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3-day supply of food | <input type="checkbox"/> | <input type="checkbox"/> | |
| Manual can opener | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3-day supply of bottled water on hand (3 gallons per person) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pain reliever/fever reducer on hand | <input type="checkbox"/> | <input type="checkbox"/> | |
| Flashlight with extra batteries on hand | <input type="checkbox"/> | <input type="checkbox"/> | |
| Battery-powered radio with extra batteries on hand | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke detectors working | <input type="checkbox"/> | <input type="checkbox"/> | |
| Carbon monoxide detectors working | <input type="checkbox"/> | <input type="checkbox"/> | |
| A weeks' supply of prescription medication on hand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone that does not need electricity on hand | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cell phone with charger available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 911-only cell phone available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generator inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back up heat source inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire extinguisher in working order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| LEAVE | YES | TO DO | N/A |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Go kit ready with: <i>medicines, glasses, hearing aids, dentures, important documents, pet supplies, change of clothes, toothbrush, cash, emergency plan.</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Meeting place outside home decided | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>If yes, location:</i> | | | |
| Meeting place outside neighborhood decided | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>If yes, location:</i> | | | |
| Transportation to meeting place decided | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>If yes, list:</i> | | | |
| Alternative place to stay decided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, location:</i> | | | |

| CONNECT | YES | TO DO | N/A |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Page 3 of this plan completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Out-of-state contact for emergency check-in decided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family/neighbors/friends informed of emergency plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Partner Organizations:



The ReadyNH campaign and materials were developed by the Community Health Institute in collaboration with the NH Department of Health and Human Services, the NH Department of Safety, the NH Governor's Commission on Disability, the American Red Cross Granite Chapter, Granite State Independent Living, the NH Public Health Networks, and Volunteer NH. The ReadyNH campaign is based, in part, on the Ready campaign of the Department of Homeland Security, and on the work of the Cambridge and Montgomery County, MD Advanced Practice Centers.